

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90198 038 \*\*\*150.00

**DOCUMENT # P96000095593**

1. Entity Name  
**J.M. FAMILY REAL ESTATE CORP.**



Principal Place of Business  
**100 N.W. 12TH AVENUE  
WORLD OMNI LEGAL DEPT.  
DEERFIELD BEACH FL 33441  
US**

Mailing Address  
**PO BOX 4007  
DEERFIELD BEACH FL 33442**



2. Principal Place of Business  
**100 Jim Moran Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**DEERFIELD BEACH, FL**  
Zip  
**33442**  
Country  
**US**

City & State

4. FEI Number  
**65-0711975**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BLANTON, THOMAS  
100 NW 12TH AVENUE  
DEERFIELD BEACH FL 33442**

## 7. Name and Address of New Registered Agent

Name  
**BLANTON, THOMAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**185 Jim Moran Blvd**  
City  
**DEERFIELD BEACH** FL Zip Code  
**33442**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Thomas K Blanton*  
**THOMAS BLANTON**

**2/11/03**  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORAN, PATRICIA 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORAN, JAMES MICHAEL JR 6012 N.W. 31ST WAY BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCNALLY, ARLINE M 1600 THATCH PALM DRIVE BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANTON, THOMAS K 100 NW 12TH AVE DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNALLY, JOHN 1600 THATCH PALM DRIVE BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORAN, PATRICIA 100 Jim Moran Blvd DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANTON, THOMAS K. 185 Jim Moran Blvd DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas K Blanton*  
**THOMAS K BLANTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/03**  
Date

**954-424-2566**  
Daytime Phone #